

Meeting Summary
Thursday, February 10, 2011
10:00 a.m. – 2:30 p.m.



Urbandale Public Library
3520 86th St | Urbandale, IA 50322

Advisory Council and Committee Members

Matthew Clevenger
Erin Drinnin
Meredith Field
Di Findley
Vicky Garske
Joe Hogue
Terry Hornbuckle
Melanie Kempf
Linda Matkovic
Anne Peters
Ann Riley
Lin Salasberry
Anita Stineman
Teresa Tekolste
Mike Van Sickle
Amy Wallman Madden

Observers

Lila Starr, DHS

Staff

Jennifer Furler
Arlinda McKeen
Stacie Bendixen

Welcome and Overview of Agenda

Furler welcomed members, thanked them for reading and providing feedback on February interim report, and previewed agenda.

Pilot Update – IDPH, Erin Drinnin

Erin Drinnin noted that she will send the Interim Report electronically to legislators and the Governor. Drinnin presented to Health and Human Services Appropriations subcommittee to provide an update on work of the Direct Care Worker Advisory Council as one of the state health care reform initiatives; she referred to some recommendations in Council's interim report.

Selected Regions

On the pilot, Drinnin reported that the Department received 21 responses to the RFI. IDPH reviewed the responses and selected IWD Regions 11 and 15 (centered around Polk County and Ottumwa).

Request for Proposal Process

The goal is to release the RFP by the end of February. Agencies that employ or train direct care professionals are eligible to participate, and there will be multiple agencies/providers in each region. Drinnin noted that the RFP indicates that participants in the pilot are expected to become partners in the project and help determine best strategies, budget, etc., as the pilot is part of the process of developing the initiative. Several members said it would be helpful to know which providers responded to the RFI, as they encourage providers to respond to the RFP. Drinnin will check into providing the names of RFI responders.

DCP Committee Member Selection

IDPH received 26 applications from direct care professionals to be on the DCP Educational Review Committee; 5 will be selected. A review committee of 5 Council members (Vicky, Matt, Terry, Lin, Amy) will review applications. Furler noted the diversity of applicants and their statewide range.

Information Management System Update

Drinnin reported that IDPH is moving forward on developing the information management/IT system (IMS). CSDC, the software company, is already developing an information management system with several other professional licensing boards, and those are about to go live. IDPH has not signed the contract with CSDC yet but it is estimated there will be about a 10-month process from the initial meeting to when the IMS goes live. CSDC has provided estimates on start-up costs and annual maintenance costs. IDPH will sign contracts with CSDC and DAS-ITE (Dept. of Administrative Services' IT division), as DAS-ITE staff will provide support after implementation. The IMS will be paid for with a combination of the federal grant and a revolving state fund called the Iowa Access Fund.

Findley asked if direct care workers will have a chance to comment on system. Drinnin answered that IDPH will likely hold work sessions and will ask for Council members' feedback. The IMS will undergo a lot of testing by DCPs before it goes live, and we hope to get a lot of feedback on it from the pilot.

Curriculum Workgroup Update

Stineman reported that the curriculum workgroup had its first retreat; it was very productive and valuable, and the group worked together well. The group identified competencies, and decided to work on one module at a time. They will be developing the home and community living module first. They talked about key concepts to be addressed in each unit. The group will meet again in a couple of weeks and will look at content then. The group will bring something in a more finished form to the Council next time and get feedback from Educational Review Committee. Field added that the retreat was productive, and said there was a lot of reflection on what the DCW curriculum committee had done. Drinnin said the group is interested in finding any curriculum/competencies and best practices that already exist that they should consider, and try to align with state and national training; members should get any suggestions to Anita Stineman. Stineman has been contacted from people wanting to join group. Since she thinks the group is most productive if kept small, but has asked those people to serve as resources when needed. Findley encouraged seeking out those opportunities to learn about best practices so we can align current practices with what the committee is developing.

Other

Findley announced that Lt. Gov. Reynolds is working on an op-ed piece on direct care workforce issues. Des Moines Register editorial writer Andie Dominick is working on an editorial advocating for a registry/data bank of DCPs – Andie is not convinced another credential is

needed. Findley said she is trying to convince Andie that credentialing is a pathway to data bank of DCPs.

Findley asked Drinnin the likelihood of being able to work simultaneously on the health side; Drinnin was unsure and said she is looking for opportunities to incorporate health support professionals in the current grant and develop the health monitoring and maintenance module. Other states have a significant health focus, which Drinnin finds surprising with the title of the grant. She is looking for other grant opportunities and potential partnerships and is optimistic we can find a way to incorporate it. Findley noted Iowa is ahead of other states in trying to bring the disability and health sides together. Drinnin has the project abstracts of the other 5 states with the grant, which might be interesting to members. What Iowa is proposing is more comprehensive and inclusive, focusing on a larger section of workforce with a career pathway in mind.

Recommendations for Instructor Requirements – Discussion and Consensus

Furler presented the Governance Committee's recommendations (handout: "Governance Committee Instructor Recommendations – DRAFT") and guided a discussion to clarify terminology and the roles of training coordinators, trainers (of instructors), instructors, supplemental instructors (guest lecturers/subject matter resource people). The Governance Committee will work further on the document with those suggestions and then it will be brought back to the Council. Highlights of the discussion:

- The Direct Care Professional Instructor Network is meant to be flexible on personnel involved in providing training and the types of training. The Council discussed the roles of trainer coordinators, trainers (of instructors), instructors, and supplemental instructors. Some terminology of these positions was revised from the original committee recommendations based on the Council's discussion.
 - "Supplemental instructors" was eliminated as a separate section of the Direct Care Worker Instructor Network document and incorporated into the section on instructors – instructors are responsible for bringing in subject-matter resource people to their classes, and determining that supplemental instructors meet qualifications.
- Furler discussed the Governance Committee's recommended qualifications for all instructors and specific requirements for instructors based on the competency-based versus standard modules. There will be an instructor certification component in the information management system. There are continuing education requirements for instructors. The ratio of instructors to students is addressed. Any advanced certified DCP can become an instructor.
 - Regarding specialty endorsements, the Council has recommended that approved specialties must establish requirements for instructors but does not specify what those requirements are.
- The group discussed the need to address requirements for online instruction. Discussion of online training was deferred to the Curriculum Committee; Furler asked the Council for today's purposes to think of physical instructors.
- Members discussed the issue of formal education/a credential vs. experience in the field as qualifications for being an instructor. The group discussed the need for flexibility to allow individuals with degrees outside health and human services to be instructors. Experience counts a lot when it comes to teaching.

- The group made suggestions to simplify terminology and eliminate the section on supplemental instructors.
- The group discussed the Adult Learning component of the recommendations, specifically who is developing the Adult Learning course required for trainers. A work group from this Council will develop the course as part of grant. The group expressed different perspectives on the importance of the course for trainers, citing concerns about cost, number of hours, and relevance. Other Council members felt that understanding how to teach adults is essential. Furler will seek clarification on intended content and goals of such a course so the Council can make an informed decision.
- Council members wanted to ensure the training coordinator keeps intact the work to incorporate disability concerns, etc. A sub-point was added to the document specifying that the training coordinator will get feedback from trainers on these issues, have a work group and coordinate ongoing efforts to update the curriculum.

Furler reminded members that the Board of DCPs is ultimately in charge of curriculum and competencies. Drinnin noted the importance of the pilot to help bring problems to light, and determine if some of these concerns are indeed barriers.

Furler will take these suggestions and ideas and revise the recommendations for Council review.

Grandfathering Recommendations – Discussion and Consensus

Furler presented an overview of the Governance Committee's grandfathering recommendations:

- Process
 - Reporting (DCPs self-reporting of experience, skills, education)
 - Credentialing
 - Continuing education
 - Ongoing maintenance of credentials),
- Who's eligible to be grandfathered (currently working or have worked within last 5 years as a paid DCP)
- Testing in pilot
- Random review of people grandfathered (random audit by real person to verify self-reported information)
- Timeline to be determined by Council in future

Regarding Eligibility for grandfathering, the group discussed the length of time a DCP must have worked. The committee recommends no minimum for amount of time worked, with intent to make grandfathering generous and flexible so DCPs feel their experience is recognized as valid. It was noted that people who are committed to maintaining the credential will have worked more, and we do not want to turn people away who want to come back into the DCP profession.

Furler pointed out that having a credential is separate from an employer deciding if you're qualified to do the job they have open. Furler reminded members that a DCP initiates their own grandfathering process.

Reporting (self-reporting)

- Primarily online; there will be a paper application option

- Information to be captured: contact info, SSN, criminal history, experience/employment in last 5 years (functions performed, chosen from checkboxes), education/credentials (state/national recognized designations) and training in areas of Specialty Endorsements of DCP credentialing
 - Members agreed that the options for reporting training in areas of Specialty Endorsements need to be specific to indicate substantial training in a specific area, e.g. more specific than “dementia,” to indicate in-depth specialization in a particular expertise, with more substantial training than a general in-service, for instance.
- Survey: Members had recommended this to gather information about the workforce. Includes demographics – check boxes (race, language, past practice settings, type of position, student, etc.)
- DCPs completing grandfathering must complete the training module on the DCP system (the first component of the core), which will be easily accessible online from the credentialing IMS.

Credentialing

The information management system will assign credentials that best match the information reported. Multiple credentials for one person are likely. The system will assign advanced credentials and Specialty Endorsements.

Members said that technical assistance will be important, such as an option for DCPs to call for help with the information system website. Furler noted that the goal is to have a user-friendly website that answers a lot of questions people may have. Drinnin said IDPH can come up with ideas for how to make using the website painless, such as webinars and an FAQ page. Furler suggested creating a network of DCPs who have gone through grandfathering process to act as peer leaders who can help others with this process and be a resource for DCPs in their community. This sets a good example, showing DCPs that their peers have successfully completed the process.

The Health Support credential is a broader category and will include all workers performing those functions. CNA is an additional designation for people working in specified long-term care (LTC) settings.

Transition continuing education:

- DCPs need to complete continuing education within 2 years of receiving their credential(s) through grandfathering.
- The IMS website will inform people of transition continuing education opportunities, and recommendations for training/education specific to their credential area.

The question of employer liability or accountability for DCPs actual skills and experience compared to what they self-report was raised. Agencies should make sure their standards and their funder’s standards are met. Members agreed that agencies still have an obligation to make sure potential employees have the needed skills. Tekolste suggested that agencies could “close the loop” when an employee gets a grandfathered credential to make sure they have those skills and meet the competencies. Members agreed that skills assessment could take place at the employer level, and a skills assessment could be provided to employers as a tool.

Findley raise the concern that employers doing skills assessments makes this part of the process employer-driven and places a lot of responsibility on them, and she wondered when responsibility to will shift to DCPs. It was noted that the grandfathering process is all DCP-initiated. Findley suggested creating a toolbox for DCPs on how to grandfather themselves and

get into this system, with elements like leadership teams, online tools and members agreed this is a good idea.

Peters asked if the information management system will differentiate between credentialed DCPs who were grandfathered and those who went through training, and whether consumers would be able to see distinction. She noted that employers would want to know whether a DCP received their credential through grandfathering or the new training, because the employer might be more inclined to do a skills assessment if the person was grandfathered a long time ago.

Tekolste asked how long grandfathering will go on (i.e. at what point DCPs desiring credentials will just have to take the training); that has yet to be determined.

Furler emphasized that the process should be designed to avoid attaching stigma to DCPs who were grandfathered because they could be highly qualified people, no less qualified than new DCPs who go through new training. Findley stressed the need to be careful in “marketing” this new training and credentialing process, so current DCPs don’t feel like they’re being told their experience means nothing.

Identifying Turnover and Training Costs

Since the Data Committee has completed work on estimating the size of the workforce, they will be tasked with identifying the costs of DCP turnover and the current investments being made in training. Furler led a discussion on considerations in estimating turnover. She presented percentages of annual turnover in various direct care occupations (52% average for DSPs nationally).

Challenge posed: What information can we reasonably find to estimate turnover costs, and how do we want to measure turnover? The first task is to define turnover.

The council generated a list of factors to consider in determining the percentage of turnover:

- Part-time vs. full-time DCPs
- When (timeframe: what period of time a person works at a place and leaves for it to be considered turnover)
- Students
- Differences in culture in different areas nationally mean differences in turnover rates, e.g. population
- Urban vs. rural considerations, like availability of other jobs

Hogue stated that turnover is now measured by industries, like health care support industry, nursing homes (36%). IWD has some data they can extrapolate or come up with best guesses for separate occupations, e.g. determining what percentage of an industry’s workers is one occupation and find that proportion of the overall turnover rate; but there is no Bureau of Labor Statistics number for specific occupations.

Initial recommendations for Data Committee on how to approach estimating turnover

Field asked about the timeline of when the Council needs to estimate turnover. It is not required by Legislature, so there is no required deadline. Field asked if this effort can be more long-term. Furler said long-term strategies for tracking turnover will be important, but the estimate of turnover will be useful immediately, so the Council should aim for the next few months.

Findley asked whether the data collected by the new credentialing system would indicate how many people leave the field and serve as a turnover tracking tool. The system would track DCPs' employment, but Drinnin pointed out that the system the Council recommends is a voluntary credentialing system, so it couldn't be relied upon for comprehensive numbers.

The problem was raised that a turnover percentage can be misleading because it might only represent a smaller amount of positions that changed hands several times, not the total number of positions that have been filled by different people.

The Council agreed to aim for a statewide turnover average of the DCP profession. Hogue said the Data Committee can get estimates for individual occupations and average them to find the rate for whole DCP profession. Then they will need to determine if training costs are similar for different occupations or if there are big differences.

A member asked if any associations are collecting turnover information. Furler pointed out that individual providers giving their turnover rates wouldn't be a good average because different providers offer different levels of support measures for retention.

Turnover cost

Furler shared a national estimate of turnover cost measured two ways: cost per worker and the percentage of a worker's annual compensation.

Hogue pointed out that portability of DCP training will cut down on employers' costs of training workers that switch jobs.

Next steps

Hogue recommended deriving training costs from the turnover estimate. Different employers spend different amounts on training, and higher spending on training might result in lower turnover.

Furler said the pilot will help the Council estimate costs and help determine how to track costs for training. The Data Committee's estimates will provide a picture of how money is being spent so there is a baseline for the future.

Public Comment Period

Lila Starr of the Department of Human Services commented that the discussion on grandfathering is useful to her as she works with peer support advocates in mental health on developing an infrastructure to formalize the role of peer support specialists (developing training, certification grandfathering, and testing). She asked if the Council has discussed costs of implementation. Cost has been discussed for the information management system, but not for individuals' cost to be grandfathered or newly credentialed. Drinnin said that part of the grant is to develop a long-term sustainability plan.

Starr brought up the survey she had previously discussed with the Council on the prevalence of mental health conditions among older adults in long-term care, aging, and disability settings and training needs relating to mental health in older adults. Some Council members have volunteered to distribute the survey to DCPs. Starr asked how to gain employers' support for allowing DCPs to take the survey on work time and computers. Members suggested the survey would get a better response if she asked employers to print copies and have their staff fill them out, and then send them back to DHS (a better response than e-mailing the survey). Several

members said their agencies would support that. Findley said the Department of Inspections and Appeals might disseminate the survey to provider e-mail lists; Starr will contact Bev Zylstra at DIA to request this.

Conclusion

Drinnin announced that the new website for the Direct Care Workforce Initiative will be launched soon. The site will be broader than just about the Council (the Council will have a tab) and will describe the pilot.

Upcoming Meetings: Second Thursday every month for either Council or Committee Meetings.
All meetings will be scheduled from 10am to 3pm, unless otherwise noted.

March 10, 2011
April 14, 2011

May 12, 2011
June 9, 2011